MORGAN (E.C.)

Compliments of the Author

EXTRACTION

OF A GLOSSO-EPIGLOTTIC MYXO-SARCOMA, BY MEANS OF THE FINGERS

TO WHICH ARE ADDED

TWO CASES OF PALATO-PHARYNGEAL TUMOR AND A BIBLIOGRAPHY OF PHARYNGEAL GROWTHS

Paper read before the American Laryngological Association at its meeting held in the Academy of Medicine, New York, May 23, 1883

BY

ETHELBERT CARROLL MORGAN, A.B., M.D.

WASHINGTON, D.C.

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A CASE OF GLOSSO-EPIGLOTTIC MYXO-SARCOMA; AND A BIBLIOGRAPHY OF PHARYNGEAL TUMORS.

By ETHELBERT CARROLL MORGAN, A.B., M.D.,
WASHINGTON, D.C.

IN calling attention to the present instance of what may be denominated a laryngo-pharyngeal tumor, I have two motives: first, to record an interesting variety of neoplasm; and second, to describe the method employed for its removal, which, to say the least, was primitive.

Accurate drawings are herewith presented of two other pharyngeal tumors which have come under my observation, being the cases operated upon at the Providence Hospital, by my friend, Prof. Johnson Eliot, M.D.[1]

In connection with the present undertaking my desire was to tabulate all reported cases of pharyngeal or laryngo-pharyngeal tumors, with reference to their nature, dimensions, seat, symptoms, treatment, and recurrence.

I find, however, that these morbid growths have frequently been vaguely named, and oftener no reliable microscopic data were obtainable.

Compelled, then, to limit myself to recording the most instructive and complete of these reports, I append what, with my present knowledge, may be regarded as the most complete bibliography on this subject extant.

The preparation of this bibliography has been laborious, and my thanks are expressed to Drs. Billings and Fletcher,

[1] The tumor and life-sized drawings of the writer's case were also presented to the Association.

of the library of the Surgeon-General's Office, Washington, D. C., for valuable assistance.

The following is a concise history of my case, corrected up to the date when he was last examined by me, May 15, 1883 :—

Mr. John C———, aged forty-nine, had complained for the past eighteen months of cough, dysphagia, dysphonia, and occasionally of complete aphonia. The above symptoms were increasing from week to week, and being associated with suffocative attacks at night, on several occasions nearly resulted fatally. He experienced a constant inclination to swallow, had no real pain, and reclining in some positions was absolutely impossible. The man was strongly and compactly built, had a well-developed chest, and gave no history of syphilis, though there was slight enlargement of the cervical lymphatics at the left angle of the inferior maxilla.

Direct examination revealed the presence of an enormous growth springing from below, and occupying nearly the entire oro-pharynx.

Laryngoscopic examination was difficult on account of the extent of the tumor, but showed that it was pedunculated and attached by a broad base in the left glosso-epiglottic fossa, and to a small portion of the lateral pharyngeal wall.

Further digital exploration confirmed the above, and I found that the pedicle of the growth could be included beween the tips of the index and middle fingers, so that an écraseur could readily have been employed in its extraction.

I could not, however, resist the inclination to operate at once. Telling my patient to remain seated, I inserted the index and middle fingers, seized the pedicle, and, using considerable torsion and force, removed the tumor.

My assistant, Dr. G. Byrd Harrison, tells me that there was only slight hemorrhage, and subsequent odynphagia, and that the patient spoke in a clear unobstructed voice immediately after the operation.

The tumor measured two and one fourth inches in its lesser, and two and three fourths in its greater, circumference ; it was of firm consistence and ovoid shape, having a pedicle one-fourth inch long. Laryngoscopic examination, practised after the extraction, showed that the left ventricular band was implicated, and that a

large nodule occupied the anterior portion of the right arytenoid region.

My after-treatment comprised the employment of a sedative gargarism and spray. The patient, at this date, is doing remarkably well.

The microscopic examination and drawings of the tumor in my case, which are herewith submitted, were executed by Dr. J. C. McConnell, of the Army Medical Museum, Washington, D. C.

His report reads as follows:

"ARMY MEDICAL MUSEUM,

"WASHINGTON, D. C., *May* 10, 1883.

"MY DEAR DR. MORGAN:

"Microscopically, the tumor presents the characters of a myxo-sarcoma. It is very vascular; so vascular that it might properly be called myxo-sarcoma telangiectodes. The epithelial covering is that of the region in which the tumor had its origin; it is sharply defined, and in no portion of the growth has it burrowed. The stroma in diffused areas, particularly just beneath the epithelial covering, has undergone a mucoid change. In all other situations the tumor presents the ordinary appearances of a spindle-celled sarcoma. The vessels have in large numbers undergone amyloid degeneration of their walls.

"Very respectfully,

"Your obedient servant,

"J. C. MCCONNELL, M.D."

ABSTRACT OF DR. ELIOT'S CASES.

I.

"Some nine years ago I was requested by Prof. Robert Reyburn to see Captain B., aged 29. The Captain's history was excellent; he had never suffered from constitutional disease of any description, was physically well developed, and presented a specimen of perfect health.

"Upon examination the right tonsil was found enlarged, with a tumor occupying one-fifth of the hard palate; the palatine swelling was smooth, symmetrical, with the mucous covering apparently thickened; there was also congestion of the surrounding tissues. The tumor was painless, firm, but slightly resilient on pressure.

We came to the conclusion that it was either fibrous or cartilaginous. There was no glandular implication in the cervical or submaxillary regions. He informed us that the tumor had grown slowly ; it had not as yet interfered with respiration or deglutition. He sought relief, and expressed a willingness to have it removed, insisting on the administration of ether. We reluctantly acceded to his wishes. A few inspirations of the anæsthetic satisfied us of the danger attending its administration ; it was immediately withdrawn. A second attempt to etherize him was made, but discontinued at the approach of asphyxia. After the removal of a small portion of the tumor the case was abandoned, he refusing to submit to the operation without anæsthetics, which we declined to administer.

" Early in December last he placed himself under the charge of Dr. Ralph Walsh of our city, and by that gentleman I was invited to see him. Dr. Reyburn was added to the consultation. We found the patient in a truly deplorable condition. The tumor had extended over three-fourths of the hard palate, the uvula and half arches were forced back and obscured from view, the tongue was depressed, with scarcely space to pass the finger between that organ and the tumor. The corresponding sides of the face and neck were enlarged by the external protrusion of the tumor. The connection of the growth between the palatine and submaxillary region was readily diagnosed ; pressure on the palatine aspect increased the fulness in the submaxillary region. His respiration was so embarrassed and stridulous that it was painful to be in his company. The recumbent position was painful and suffocating. His countenance livid, articulation indistinct, mastication painful, and deglutition difficult. He informed me that within the last month the tumor had increased rapidly ; he could almost mark its daily growth. He was despondent, anxious, and apprehensive of the result ; he felt a cord daily tightening around his neck, that must eventually suffocate him. His affliction was so terrible that life had ceased to be a boon. He was now willing to submit to surgical interference.

" On the 3d of January, 1879, assisted by Prof. J. Ford Thompson, of the hospital staff, Profs. Reyburn, Ashford, and Walsh, a semilunar incision was made on the posterior margin of the hard palate, another was made on its anterior portion, connecting the latter with the first, leaving an ellipse of two inches in width. The circumscribed part was seized with a strong vulsellum,

and traction made. The dissection was necessarily slow from frequent interruption by the patient freeing his mouth and throat from blood. An hour elapsed before the cervical portion of the tumor was raised from its bed. The hemorrhage was considerable. No vessels were tied; no hæmostatic used; the bleeding ceased on the completion of the operation; the mass was removed in detached pieces.

"Upon superficial examination it appeared to be sarcomatous in character. A portion of it was preserved for microscopic examination, but by some accident was mislaid."

I would say that the above case has been recently examined by me, and there are no evidences of a recurrence of the growth, the patient being in perfect health.

II.

"In the summer of 1880, Miss F. V., aged twenty-three, white, was brought to the Providence Hospital for examination. Her general appearance indicated impaired health, she being anæmic, feeble, and emaciated. Examination revealed a tumor the size of an English walnut, situated upon the left side of the velum pendulum palati, extending to the pharynx and tonsil of the same side. Her voice was husky, deglutition painful, and respiration slightly embarrassed. The lymphatics of the left side were enlarged and sensitive. The tumor was elastic on pressure, painful to the touch, and several deeply ulcerated points were noticed on its surface. As the growth was regarded malignant, surgical interference was not deemed advisable, and she was counselled to go home.

"In November, 1881, one year after her first examination, she again entered the hospital. The tumor was larger, respiration difficult, and it was impossible to close the mouth. Finding the ulcerations cicatrized, the surface smooth, the lymphatic glands less swollen, and her general condition improved, it was deemed advisable to operate. On November 22, 1882, in the presence of Drs. E. C. Morgan, Ashford, Magruder, Bayne, and Mallan, the operation was performed. The patient was seated in a chair. No anæsthetics were employed. We anticipated great hemorrhage, and had the thermo-cautery, hæmostatics, and tracheotomy tubes at hand.

"An incision was made in the long diameter of the tumor, and its contents rapidly enucleated, several small pieces of bone coming

away with it. Little hemorrhage followed, no hæmostatics were required, and bleeding ceased with the conclusion of the operation. On the second day hemorrhage occurred, but was quickly controlled. The patient convalesced slowly, and after several weeks left the hospital.

"On March 12th she returned with a small swelling at the side of the cicatrix, and was anxious to have it removed. On the day fixed for the operation, while conversing with a patient in the ward, without premonition, violent hemorrhage took place, and death followed immediately.

"No autopsy was made. A large vessel had evidently been opened by the softening of the tissue and had yielded to arterial pressure. Microscopic examination demonstrated the tumor to be a spindle-celled sarcoma."

REMARKS.

It is generally believed and stated by authors that pharyngeal growths are rare, and that few cases have been recorded.

Patient investigation has convinced me beyond a doubt of the incorrectness of the above statement, for in working upon this paper I have succeeded in collecting at least one hundred and thirty examples, sixty-one well authenticated, embracing a period of seventy-one years, extending from 1812[1] to 1883, inclusive.

I desire to especially explain that my statistics deal solely with tumors originating in, or tumors extending into, the inferior pharynx, having purposely omitted all reference to the exhaustive tables of Cervesato[2] and Moure[3] on cystic tumors of the epiglottis.

Sarcoma is the most common growth occurring in the pharynx, fibroma being next in frequency.

The following tabular statement shows in detail the relative frequency of the different morbid growths among the sixty-one cases specially examined :

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[1] Winter, A., *Chiron. Sulzbach.*, 1812–'13, iii, 315–331., pl. 1.

[2] *Lo Sperimentale*, January and February, 1881.

[3] *Rev. mens. de laryngol.*, etc., Nos. 4, 5, 1880, and Nos. 6, 7, 8, 9, 1881.

Sarcomata	14
Fibromata	10
Fibro-sarcomata	1
Myxo-sarcomata	4
Albuminous-sarcomata	2
Lipomata	3
Papillomata	3
Lymphomata	5
Osteomata	1
Fibro-plastic tumors	1
Dermoid tumors	3
Congenital tumors	1
Adenomata, cystic	1
Growth bearing pilose skin	1
Nature not mentioned, unknown, or doubtful	11
Total	61

It is my pleasant duty to say that an essay read before this Association at its first annual meeting by Dr. Frederick I. Knight,[1] as also the article of Dr. G. A. Peters,[2] present the subject-literature of pharyngeal tumors more satisfactorily than any English papers with which I am acquainted. I shall not now undertake to describe Dr. Knight's interesting case—we are all familiar with it. The four cases reported by Peters were myxo-sarcomata; two of them were operated by himself, one by Dr. H. B. Sands, and one by Dr. M. J. Asch.

Arnott[3] gives rather an indefinite description of a pedunculated tumor, the nature of which he does not mention, situated at the base of the tongue, on the pharyngeal wall, and being as large as a green walnut. He says, "the growth was ligated at its pedicle and twisted off." The natural inference from the text is that Arnott made use of his fingers in the twisting process, for no instrument is alluded to. As far as I can judge, the above case is the counterpart of the one reported by me to-day, being the

[1] Trans. Am. Laryngol. Assoc., 1879, p. 204.
[2] *Med. Rec.*, N. Y., 1880, xviii., p. 565–568.
[3] *Lond. Med. Gaz.*, N. S., 1845, vol. i., p. 530.

sole example of a similar operative procedure to be found in the medical literature at my command.

Barton [1] reports a congenital growth, nature not stated, which he extracted from the pharynx of a woman by means of an écraseur and scissors.

Abraham [2] describes a rare growth, bearing pilose skin, of which he presents a drawing. After removal with écraseur there was no recurrence. Interesting cases of dermoid tumors are also recorded by Clinton Wagner,[3] Hale White,[4] and Kidd.[5]

Holt [6] reports a unique case of a "fatty pendulous tumor of the pharynx and larynx," which, on one occasion, during vomiting, protruded in such a manner as to occlude the larynx, and suffocation would have resulted had the tumor not been pushed aside. The patient died suddenly while smoking his pipe; and it is conjectured that the tobacco-fumes produced sudden cough and displacement of the growth, causing suffocation. On post-mortem examination of the pharynx, a large pendulous tumor was detected, filling the pharynx, and extending downward toward the œsophagus to the extent of nine inches.

Taylor [7] mentions his case of fatty tumor behind the pharynx, presenting all the evidences of a post-pharyngeal abscess; but which, on incision, proved to be a lipoma. Death resulted from suffocation, although tracheotomy was performed.

Vidal [8] says that Vimont had a patient in whom a large pharyngeal tumor was detached and ejected during vomiting.

Pedunculated sarcomata are, according to my researches, rare; the most instructive case has been recorded by Billroth.[9]

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[1] *Med. Press and Circ.*, Lond., 1881, N. S. xxxi., 10.

[2] *Jour. Anat. and Physiol.*, Lond., 1880–'81, xv., 244–248.

[3] *Med. Rec.*, N. Y., 1881, xx., 76.

[4] *Lancet*, Lond., April 9, 1881, p. 581.

[5] No reference given.

[6] *Trans. Pathol. Soc. of London*, 1853–'54, v., pp. 123–125, pl. 1.

[7] *Tr. Path. Soc.*, 1876–'77, Lond., 1877, xxviii., pp. 216-218.

[8] *Traite de pathologie externe*, t. iii., p. 605 and 657.

[9] Ehrendorfer, E.: *Archiv f. klin. Chirg.*, Berl., 1881, xxvi., p. 578, pl. 1.

McLeod's[1] pharyngeal sarcoma was as large as an orange; laryngotomy was performed prior to its extraction, and the case was cured.

Having given the clinical history, mode of operation, termination, and microscopic data, of my own case, as also abstracts of Dr. Eliot's interesting operations—with one of which I was associated; and having briefly mentioned a few of the reports that have come under my notice, I wish simply to add that attention has been called to this tumor:

First, Because of the rarity of pedunculated myxo-sarcomata in this particular situation.

Second, Because of the size this tumor attained.

Third, To demonstrate that our *fingers* may sometimes effectually supplant instruments; and

Fourth, In order to ascertain what degree of urgent symptoms warrant operative interference in a pharyngeal neoplasm whose benign or malignant character is unknown.

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Discussion on Dr. Morgan's Paper.

Dr. DEBLOIS said that at least one useful suggestion might be drawn from the very interesting paper of Dr. Morgan, and that was the proper use of our fingers.

As our practice in laryngology becomes more and more scientific, so much the more are we addicted to the use of instruments,

to the exclusion of more natural means. In this connection he would suggest the propriety of the use of the finger-nail in the extirpation of growths in the larynx. He had the good fortune to partially remove, in this way, a growth from the vocal cord, where, owing to the hyperæsthesia of the parts, the introduction of the laryngeal forceps was impossible.

Although this procedure may seem brutal, it appeared to him at least quite as justifiable as introducing the forceps at random when the parts cannot be seen.

With regard to the bibliography of the subject, he thought that the Association owed its thanks to Dr. Morgan, the result of whose extensive and laborious researches had just been presented.

Dr. INGALS referred to a case of a very large growth in the naso-pharynx, extending into the mouth, which greatly obstructed breathing, and which was operated upon by Dr. Moses Gunn, of Chicago, who removed it with his finger. He had not been able subsequently to discover the point of attachment of the tumor. With regard to the brutality of attempting to remove laryngeal growths with the finger, he would merely state that it would depend upon the size of the operator's finger.

Dr. DELAVAN said that he recalled one of the cases referred to in the paper by Dr. Morgan; he had been present when the operation for its removal was performed by Dr. Wagner; it was in a girl of twenty-two years of age, who had not been aware of any difficulty in her throat until a few weeks before applying for treatment. Upon examination a growth one and a quarter inches long by three fourths of an inch wide was seen depending from the posterior border of the soft palate. It was found to be attached near the floor of the posterior nares on the left side. Schrötter's écraseur was used, but it was impossible to remove it in this way, and it was finally divided with great difficulty by means of a strong knife. Upon microscopic examination the outer surface was found to be covered with a thick coating of epithelium, having a horny layer and a basement membrane, and under this a thick layer of fat. In the centre of the tumor was a large double plate of true cartilage, surrounded by a fibrous sheath or perichondrium. The point of interest in the case was that the patient had been unconscious of any difficulty in her throat until within a short time, although the growth was evidently congenital. It resembled the helix of a normal ear. He had, at the time, reported the case at a meeting of the New York Pathological Society, and had found

that up to that time at least six cases had been placed upon record. As to the removal of morbid growths in this locality with the finger, he thought the method particularly applicable in cases of adenoma at the vault of the pharynx. It seemed illogical to examine such a case with the finger, and then resort for its removal to an instrument, when the examination and the removal might be combined in one manipulation. He thought the use of the finger-nail, in certain favorable cases, even superior to the use of instruments.

Dr. LINCOLN said that, in order to illustrate the possibility of operating with the fingers through the mouth upon tumors of large size, he was prompted to add that in his researches upon the treatment of naso-pharyngeal tumors, in the paper which he had read the day before, he found a report of a case of naso-pharyngeal polypus removed by Dr. Whitehead by the fingers, unaided, if he remembered correctly, by instruments.

Dr. ASCH said that he would merely suggest that difficulty is experienced in introducing the finger behind the palate in many cases, especially in women. There are, unquestionably, cases in which such a method could be applied, but in others it could not be carried out without producing severe laceration.

Dr. BOSWORTH said that Meyer reports some three hundred cases of examination and diagnosis of the naso-pharynx with the finger.

Dr. MORGAN said that, in resorting to an operative procedure essentially pre-laryngoscopic in character, he had placed himself beyond the pale of this Association of Laryngologists.

The relief afforded his patient, the completeness of the extirpation, and the failure of recurrence to this date, all appeared to sustain the wisdom of the method. As stated, the statistics given deal with tumors of the inferior pharynx alone; hence the example of naso-pharyngeal growth mentioned by Dr. Lincoln was not included.

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NEW YORK